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For An Authorized Committee Office Use Only Example: If typing, type TYPE OR PRINT 1. NAME OF 12FE4M5 COMMITTEE (in full) over the lines. Bellows For Senate ADDRESS (number and street) P.O. Box 136 Check if different Manchester ME 04351 than previously STATE ZIP CODE CITY reported. (ACC) STATE DISTRICT 2. FEC IDENTIFICATION NUMBER □(A) 3. IS THIS ☑_(N) OR REPORT ME C00550434 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: (b) 12-Day PRE-Election Report for the: April 15 Quarterly Report (Q1) Primary (12P) General (12G) Runoff (12R) ☐ July 15 Quarterly Report (Q2) Convention (12C) Special (12S) ✓ October 15 Quarterly Report (Q3) in the Election on State of January 31 Year-End Report (YE) (c) 30-Day POST-Election Report for the: Runoff (30R) Special (30S) General (30G) Termination Report (TER) in the Election on State of Covering Period through 09/30/2015 07/01/2015 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Shenna Bellows renna Bellows Date 10/15/2015 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the Penalties of 2 U.S.C. 437g. Office FEC FORM 3 Use Only (Revised 02/2003)